ENTRY BLANK	—PLEASE TYPE OR PR	INT 12U
Ms./Artist Mr./Artist	AN TRACY NEVB	ECKER wigg
Address	9 LAMBERTON RD Street	CLEVE - HTS ,
44118	Daytime Tel. (2/6	1932-9453
Zip	area	
Temporary or Studio Address	2075 RANDOM / Street	PD. CLEVE. HTS
44118	Daytime Tel. (216	791-0899
Zip	area	
	ently live in one of the counties county where you born?	of the Western
Collaborator (if any)	
Artist will pick u		
	<u> </u>	
	Street	
City Special Instruc	State	Zip

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature Joan T. NEwbecker

I have received the unsold/unaccepted object(s) in good condition.

Signature _____

A Pain			otography pecify category)
	-C- PHOTE		
Pas-	02017 9.	T.NEwby	where
Title "CL	OCKXLOCI	Ku	
Price or NFS	Insurance Value if NFS Only		width x depth
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Additional No. For Sale	Total No. in Edition	Price Unframed	610
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NOT ACCEPTED	77(3)		NOT ACCEPTED
	11(2)		X
B Paint			otography pecify category)
Materials used (me	dia):		
T	YPE · C	- PHOTO	9
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G	RAPHICS AND PHOTOG	GRAPHY ONLY	
Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
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			3-2